





May 5-8, 2018
 Marriott Copley Place, Boston, MA

ASCeXAM/ReASCE
REVIEW COURSE



ASEcho.org/LiveCourses

 Course Director
 Roberto M. Lang
 MD, FASE

 Course Co-Director
 Susan E. Waggers
 MD, FASE

Tricuspid and Pulmonary Valve Disease: Questions



Karima Addetia, M.D.
 Assistant Professor of Medicine
 University of Chicago





Question 1

The following statement is true about functional tricuspid regurgitation

1. Tricuspid annular size is inversely correlated with tricuspid regurgitation
2. Volume overload associated with functional tricuspid regurgitation can result in systolic compression of the left ventricle and is visible on short-axis views
3. Right atrial enlargement secondary to atrial fibrillation is a mechanism for functional tricuspid regurgitation
4. Functional tricuspid regurgitation is always associated with tricuspid leaflet tethering

Question 1

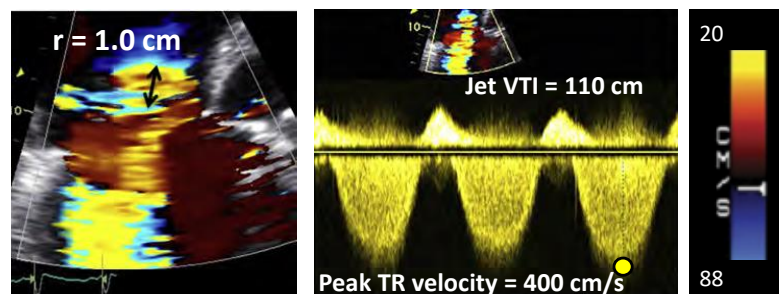
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Question 2

What is the effective regurgitant orifice area (EROA) in this patient?

1. 1.38 cm^2
2. 0.63 cm^2
3. 0.31 cm^2
4. 1.14 cm^2

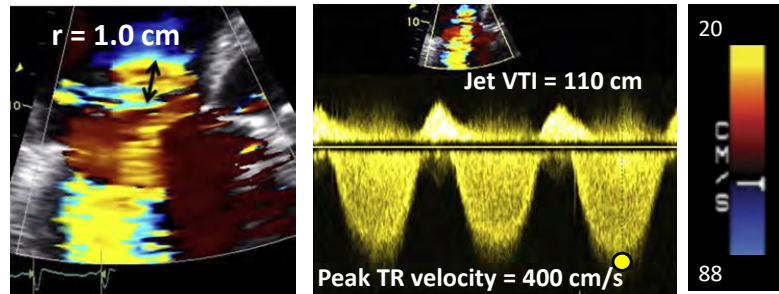


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This quantitative method for assessment of regurgitation is acceptable in valves with multiple regurgitant jets

1. Vena contracta
2. Proximal isovelocity surface area
3. Regurgitant volume
4. Reversal of flow in the adjacent vessel

Question 3

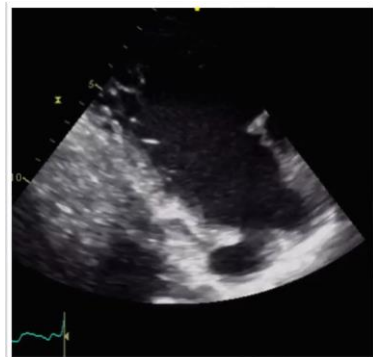
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Question 4

What is the most likely cause for this patient's regurgitation?

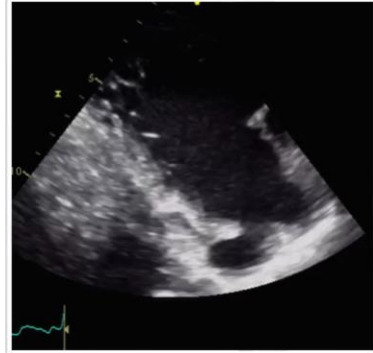
1. Staph aureus endocarditis
2. Severe anterior leaflet prolapse
3. Blunt chest wall trauma
4. Device-lead interference
5. Carcinoid



Question 4

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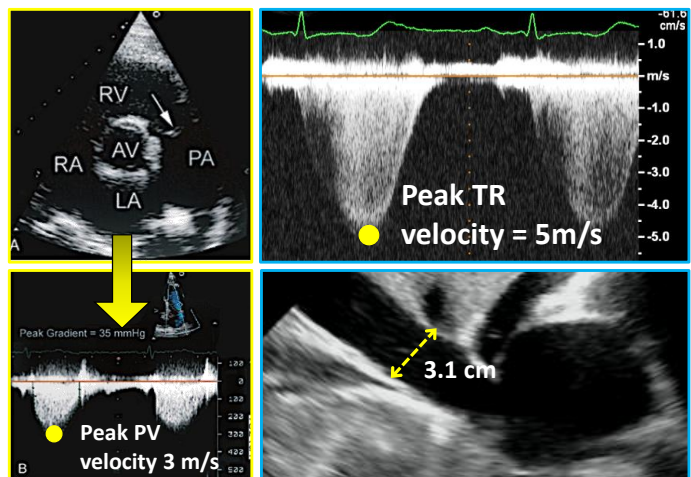
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Question 5

The given parameters were assessed in the same patient. What is the systolic pulmonary artery pressure in this patient?

1. 100 mmHg
2. 115 mmHg
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